

Bryson Middle Registration and Fees

Registration fee is \$40.00 payable with registration forms.

Entire application must be complete with payment for registration.
Please Print

Student's Full Name _____ Grade for 2019-2020 _____

Address _____

City _____ State _____ Zip Code _____

Parent's email _____

Home Phone _____ Main Cell Phone _____

Gender of Student _____ Birthday (month, date, year) _____

Father's Name _____ Employer _____

Work Number _____ Cell Number _____

Mother's Name _____ Employer _____

Work Number _____ Cell Number _____

Legal Guardian of Student _____

Guardian Address _____

_____ I will be enrolling my child full-time (3 to 5 days a week).

_____ I will be enrolling my child part-time (2 days a week).

_____ I will be enrolling my child one day a week.

Rates should be available by July for following school year.

Please check the days you plan for your child to attend our EDP.

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

Medical Information

Does your child have any known Allergies of which we need to be made aware? _____

If yes, please explain:

What is the method in which we need to treat the student if an allergic reaction occurs?

Does your child have any other medical conditions that we need to be made aware? _____

If yes, please explain:

Insurance Company _____ covers my child beyond the school day.

In case of emergency we will contact parents first. Please add any additional people who would have permission to pick up and transport your child off of school property. 2 are required more is better.

1. _____ Phone number _____
2. _____ Phone number _____
3. _____ Phone Number _____
4. _____ Phone Number _____